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## **FACSIMILE TRANSMITTAL SHEET**

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**TO:** Examiner Vip Patel  
Group Art Unit: 2879  
Confirmation No.: 2994  
Serial No.: 10/751,607  
Attorney Docket No.: E0523-00038  
In re: Yi-Jen Wu

**FIRM/COMPANY:** U.S. Patent and Trademark Office

**FACSIMILE NUMBER:** 571.273.8300

**CONFIRMATION  
TELEPHONE:** 571.272.2458

**FROM:** Joseph A. Powers

**DIRECT DIAL:** 215.979.1842

**BEST AVAILABLE COPY**

**DATE:** December 16, 2005

**USER NUMBER:** 1983

**FILE NUMBER:** E0523-00038

**TOTAL # OF PAGES:** 12  
(INCLUDING COVERSHEET)

**MESSAGE:**

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PTO/SB/21 (02-04)

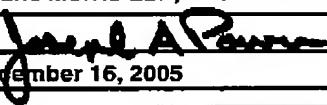
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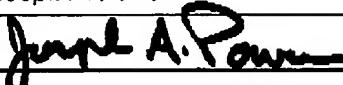
|  |    |                        |                 |
|--|----|------------------------|-----------------|
| <b>TRANSMITTAL<br/>FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |    | Application Number     | 10/751,607      |
|  |    | Filing Date            | January 5, 2004 |
|  |    | First Named Inventor   | Y-Jen Wu        |
|  |    | Art Unit               | 2879            |
|  |    | Examiner Name          | Vip Patel       |
| Total Number of Pages in This Submission   | 11 | Attorney Docket Number | E0523-00038     |

|  |  |  |  |
|--|--|--|--|
| <b>ENCLOSURES (Check all that apply)</b>   |  |  |  |
| <input checked="" type="checkbox"/> Fee(s) Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Allowance<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks  |  |  |  |

|   |   |
|---|---|
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> |   |
| Firm or Individual name                           | Joseph A. Powers, Reg. No. 47,006<br>Duane Morris LLP, Customer Number 08933        |
| Signature   |  |
| Date  | December 16, 2005   |

**CERTIFICATE UNDER 37 CFR 1.8**

I hereby certify that this correspondence and the documents referred to as attached therein are being sent via facsimile transmission to (571-273-8300 under 37 C.F.R. 1.8.

|                       |   |
|-----------------------|---|
| Typed or printed name | Joseph A. Powers  |
| Signature             |  |
| Date                  | December 16, 2005   |

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**120.00****Complete if Known**

|                      |                 |
|----------------------|-----------------|
| Application Number   | 10/751,607      |
| Filing Date          | January 5, 2004 |
| First Named Inventor | Yi-Jen Wu       |
| Examiner Name        | Vip Patel       |
| Art Unit             | 2879            |
| Attorney Docket No.  | E0523-00038     |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **04-1679** Deposit Account Name: **Duane Morris LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                                  | <u>SEARCH FEES</u> |                                  | <u>EXAMINATION FEES</u> |                                  |
|-------------------------|--------------------|----------------------------------|--------------------|----------------------------------|-------------------------|----------------------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity<br/>Fee (\$)</u> | <u>Fee (\$)</u>    | <u>Small Entity<br/>Fee (\$)</u> | <u>Fee (\$)</u>         | <u>Small Entity<br/>Fee (\$)</u> |
| Utility                 | 300                | 150                              | 500                | 250                              | 200                     | 100                              |
| Design                  | 200                | 100                              | 100                | 50                               | 130                     | 65                               |
| Plant                   | 200                | 100                              | 300                | 150                              | 160                     | 80                               |
| Reissue                 | 300                | 150                              | 500                | 250                              | 600                     | 300                              |
| Provisional             | 200                | 100                              | 0                  | 0                                | 0                       | 0                                |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|-----------------|
|                     |                     |                 |                      |                                  |                 |                 |
|                     | - 20 or HP =        | x               | =                    |                                  | 50              | 25              |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |     |
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|-----|
|                      |                     |                 |                      |                 |                      |     |
|                      | - 3 or HP =         | x               | =                    |                 | 360                  | 180 |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | / 50 =              | (round up to a whole number) x                          |                 | =                    |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (c.g., late filing surcharge): 1 mo extension of time

Fee Paid (\$)120.00**SUBMITTED BY**

|                          |                         |   |                                      |
|--------------------------|-------------------------|---|--------------------------------------|
| <u>Signature</u>         | <u>Joseph A. Powers</u> | <u>Registration No.</u><br>(Attorney/Agent) <u>47,006</u> | <u>Telephone</u> <u>215-979-1842</u> |
| <u>Name (Print/Type)</u> |                         |   | <u>Date</u> <u>December 16, 2005</u> |

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